

No. <b>C 192061</b>		Due no later than Aug 31, 2014 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> MEDTRONIC VASCULAR, INC. HALLIE SORENSON TAX DEPARTMENT 710 MEDTRONIC PARKWAY MINNEAPOLIS MN 55432 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DOUG HOEKSTRA	710 MEDTRONIC PARKWAY	MINNEAPOLIS	MN	USA	55432
DIRECTOR	GARY L. ELLIS	710 MEDTRONIC PARKWAY	MINNEAPOLIS	MN	USA	55432
VICE PRESIDENT	PHILIP J. ALBERT	710 MEDTRONIC PARKWAY	MINNEAPOLIS	MN	USA	55432
PRESIDENT	MICHAEL J COYLE	710 MEDTRONIC PARKWAY	MINNEAPOLIS	MN	USA	55432
SECRETARY	BRADLEY LERMAN	710 MEDTRONIC PARKWAY	MINNEAPOLIS	MN	USA	55432
5. Organized Under the Laws of:  <b>DE C 192061</b>		6. Annual Report must be signed.* Signature: Philip J Albert Name (type or print): Philip J Albert				
		Date: 09/15/2014 Title: Vp				
Processed 09/15/2014		* Electronically provided signatures are accepted as original signatures.				